

OFFICE OF FINANCIAL AID 300 West Seward Street Ripon, WI 54971 920-748-8101

REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES, 2024-2025	
Student Name:	Student ID: ————
Phone Number:	Email:
	ady filed a 2024-2025 Free Application for Federal Student Aid offer from the Ripon College Office of Financial Aid.
Your financial need is based on the information you proaccount for on your FAFSA, you may use this form to p	ovide on your FAFSA. If you have circumstances that you were not able to provide our office with information regarding your situation.
applicable dates, dollar amounts, reason(s) for signification	nange of circumstances. In your explanation, be sure to include ant changes from year to year, etc. When reporting future expenses or will let you know if any other documentation is required.
INDICATE BELOW THE SPECIAL CIRCUM	STANCE(S) YOU WOULD LIKE OUR OFFICE TO CONSIDER:
1. 2023 Income, January – December 2023 2023 Income for Parents and Student: Completincome; (2) you (the student) have changes of	ete this section only if: (1) your parent has changes of at least 10% in total f at least \$1,000.
	rn (pages 1 and 2, and any applicable schedules) & W-2's nge; make sure to include the dates on which changes occurred.
2. Anticipated Income, January – December 20 Anticipated Income for Parents and Student: 0 least 10% in total income; (2) you (the student)	Complete this section only if: (1) your parent anticipates a change of at
Parent 1 Income from work: \$Student's Income from work: \$	Parent 2 Income from work: \$ Spouse's Income from work: \$
	ages 1 and 2, and any applicable schedules) & W-2's ange; make sure to include the dates on which changes occurred.

- A. Include only those expenses you are allowed to report as "Itemized Deductions" schedule A even if you do not have enough to itemize. Examples: hospital care, lab fees, co-payments, deductibles, prescriptions, braces, etc.
- B. **Important:** If you are self-employed and claim the cost of health insurance on line 29 (schedule 1) of the federal tax return, you may not include that cost on this application.
- **C. Do not include any expense that is or will be:** reimbursed by insurance, paid with pre-tax dollars (referred to as a cafeteria plan, flexible spending account, health savings account, etc.), paid by your employer or billed in one year but paid in another. **Do not include your insurance premiums.**
 - a. Example: The total of all bills received in 2023 for medical procedures, office visits, dental exams and prescriptions was \$9,000. Insurance paid \$4,000, and \$1,000 came from a pre-tax flexible spending account. Only the remaining \$4,000 "out of pocket" can be considered for financial aid purposes.

Documentation that may be requested:

- 2023 federal tax return with Schedule A and all other applicable schedules
- Copy of paid medical expenses or Explanation of Benefits (EOB)

4. Educational Expenses	
Net tuition paid for all siblings in grades K-12, August 2024-June 2025: \$	
Include only amount paid (after financial aid) during the upcoming academic year. Do not include loans us these costs, instead include in annual payments to educational loans (below).	ed to pay
Net tuition for parent(s) in college, August 2024-June 2025: \$	
Include costs for parents who will be enrolled at least half-time for the upcoming academic year. Subtract	any
financial aid or employer reimbursement from the published costs.	
Annual payment to educational loans borrowed by parent: \$	
Include loans if parent is the legal borrower and will repay an educational loan from July 2024 - June 2025	j.
Documentation that may be requested:	
Copy of paid tuition statement(s)	
 Copy of latest loan "Statement of Account" highlighting borrower's name, principal balance, and mon payment. 	thly
5. Other Unusual Expenses: Itemize and explain any major expenses. The following are examples of "unusual	al
expenses" that we may be able to recognize:	
Home repairs due to damage	
Legal fees	
Casualty or theft losses claimed on your tax return	
 Regular and significant financial support of other family members 	
Do not include: vacations, athletic camps or equipment, home remodeling costs, credit card debt, or items that in one year but paid in another year.	t are billed
SIGN THIS FORM BEFORE RETURNING	
Documentation (such as letters from employers, doctors, State Unemployment Office, paystubs, etc.) which supports of your family's appeal may be requested.	he basis
I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT. I HAVE ESTIMATED ALL INCOME FROM ALL SOURCES TO THE BEST OF MY ABILITY.	
Student: Date:	
Parent or Spouse: Date:	

Return this form and all required documentation secure drop box file:



or USPS to:

Ripon College, Office of Financial Aid 300 West Seward Street Ripon, WI 54971

To protect yourself from potential identity theft do not email this information.